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Response Under 37 CFR §1.116
Expedited Procedure Requested
Examination Group 3627

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41,733

(Reg. No.)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicant : McCown et al.
Serial No. : 09/057,313
Filed : April 8, 1998
Title : CONTAINER TRANSPORTATION SYSTEM AND METHOD
Docket : 033449-002
Examiner : McAllister
Art Unit : 3652

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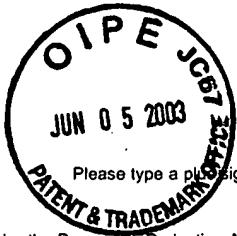
Sir:

AMENDMENT

In response to the Office action mailed April 3, 2003, please amend this application as follows:

IN THE CLAIMS:

Amend claims 16, 22 and 25 such that they read as follows:



Please type a plus sign (+) inside this box → [+]



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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	09/057,313	
	Filing Date	April 8, 1998	
	First Named Inventor	McCown et al.	
	Group Art Unit	3652	
	Examiner Name	McAllister	
Total Number of Pages in This Submission		Attorney Docket Number	033449-002

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct No.: 20-0809.		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name [Signature]
Thompson Hine LLP
2000 Courthouse Plaza NE, 10 West Second Street
Dayton, Ohio 45402-1758

Signature [Signature]

Date 6/3/03

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